

Fayette County Library
Meeting Room Application

Date: _____

Name of Applicant: _____
Last First Middle

Home Address: _____

City: _____ State: _____ Zip: _____

Home Telephone #: _____ Business Telephone #: _____

Name of Non-Profit Organization: _____

Organization classification under the Internal Revenue
Code: _____

Meeting room requested: Distance Learning Center (15 persons) _____
Public Meeting Room (150 persons) _____

Date needed: _____ (must be at least 10 days in advance)

Time needed: Start: _____
Finish: _____

Purpose of Meeting: _____

Number of Participants Expected: _____

Equipment needed: TV/VCR Slide Projector Overhead Projector
Filmstrip Projector

I have read the attached Fayette County Library Meeting Room Policy and agree that my organization will abide by these rules. I further agree that the organization will be responsible for any damages to library property which may occur as a result of my organization's use. I certify that I am authorized to make these representations on behalf of my organization.

Signature: _____

Date: _____

For Library Staff Use Only:

Tentative reservation by: _____ Date: _____

\$50.00 deposit attached and received by: _____

Confirmed reservation by: _____ Date: _____

Walk-through after meeting: _____ / _____

Staff

Applicant